

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568067

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3	2						53						
4	2						54						
5	2						55						
6	2						56						
7	2						57						
8	2						58						
9	2						59						
10	2						60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	1						67						
18	3						68						
19	3						69						
20	3						70						
21	3						71						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													